Authorization for Consent to Treat a Minor

For your peace of mind

The attached form gives hospital emergency staff permission to give your child non-emergency treatment if he or she is under 18 and you cannot immediately be reached. Although immediate care is always given for life-threatening conditions, non-emergency treatment could be delayed until your consent is obtained.

Once you have completed this form, give copies to those who care for your child while you are at work or away. The form must be renewed every six months.

To have additional copies of this consent form mailed to you, please call Samaritan Health Services’ Physician Referral Network toll-free at 1-800-863-5241.

For life-threatening emergencies,
please visit the Emergency Department at one of the following hospitals:

- Samaritan Albany General Hospital, Albany
  1046 Sixth Ave. SW • 541-812-4000
- Good Samaritan Regional Medical Center, Corvallis
  3600 NW Samaritan Drive • 541-768-5111
- Samaritan Lebanon Community Hospital, Lebanon
  525 N Santiam Hwy • 541-258-2101
- Samaritan North Lincoln Hospital, Lincoln City
  3043 NW 28th St. • 541-994-3661
- Samaritan Pacific Communities Hospital, Newport
  930 SW Abbey St. • 541-265-2244

For all other associated Samaritan Health Services clinics, please call 1-800-863-5241.

For acute medical conditions,
please visit one of the following clinics: (walk-in patients welcome)

- Samaritan Urgent Care - Albany - 1700 Geary St. SE • 541-812-5500
- SamCare Express - Corvallis - 990 NW Circle Blvd, Suite 101 • 541-768-5166
- Samaritan Urgent Care - Lebanon - 35 Mullins Drive, Suite 2 • 541-451-7915
- Samaritan Coastal Clinic - Lincoln City - 825 NW Hwy 101, Suite A • 541-996-7480
- Samaritan Depoe Bay Clinic - 531 NW Hwy 101, Suite A • 541-765-3265
- Samaritan Urgent Care - North Albany - 400 NW Hickory St., Suite 303 • 541-812-5275
- Samaritan Pacific Walk-In Clinic - Newport - 930 SW Abbey St., Suite F • 541-574-4860
- Samaritan Urgent Care - Corvallis - 5234 SW Philomath Blvd. • 541-768-4970
Dear Parent/Guardian:

This form may be used if your child requires medical attention and you cannot be contacted. This completed form will need to be brought in with your child by the person you are authorizing below.

I, __________________________, certify that I am the □ Parent □ Legal Guardian of:

Parent / Legal Guardian (Print Name)

Child’s full name: ______________________________________ Child’s date of birth: __________________

Chronic illness or allergies: ____________________________

Current Medications: ____________________________

Date of last D.P.T. immunization: ____________________________

As the parent or legal guardian, I hereby authorize: ____________________________

(Full Name/ Adult bringing in patient)

________________________ (Address) ____________________________ (Phone Number)

Driver’s License or ID number: ____________________________

The above-named person who is 18 years of age or older to consent to the following treatment for my child:

☐ Emergency Care ☐ Surgical Treatment ☐ Routine Medical Care ☐ Immunization

The above-named person deems advisable if I cannot reasonably be located through the information set out below when my child is brought in for treatment.

This authorization will be effective as of (date) ____________________________, and will expire in six (6) months, or on (date) ____________________________, whichever applies first.

During this period the Parent or Guardian will be at the following location(s):

________________________

Home address of Parent/Guardian: ____________________________

Phone Number of Parent/Guardian: ____________________________

Employer(s): ____________________________ Phone number: ____________________________

Child’s Physician: ____________________________ Phone number: ____________________________

________________________

Mother/Guardian Signature ____________________________ Father/Guardian Signature

Witnessed by: ____________________________

• SHS Use Only -Attach a copy of the Photo ID of the authorized adult bringing in the child.

SHS Use Only -Place Copy of Photo ID Here

Scan to Authorization for Consent to Treat a Minor -Patient
NOTE: Physicians are authorized by law to treat emergencies as well as other protected treatments without written consent. See policy below for laws specific to Oregon.

State of Oregon

a. Consent is not needed for an emancipated minor. In Oregon an emancipated minor is anyone who is married, OR a person declared by the courts as an emancipated minor.

b. The physician/designee should attempt to contact the parent before any treatment of a minor not protected by law (see c. below), regardless of the absence or presence of a written consent.

c. Minors treatments protected by law, that do not require parental consent are:
   - Sexually transmitted disease
   - HIV testing
   - Contraception advice and treatment
   - Pregnancy care/abortion at or above the age of 15
   - General medical treatment problems at or above the age of 15
   - Mental Health at or above the age of 14 may give permission for outpatient mental health services without parental consent. But, parents must become involved before treatment ends unless the parent refuses to become involved or it is not clinically indicated.
   - Outpatient Drug/Alcohol at or above the age of 14
   - Child Abuse Assessment Services
   - Donation of Blood age 16